APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Invention

ENCAPSULATION WAFER PROCESS

2527 West Alto Road

Application Type: regular, utility
Attorney Docket Number: DP-309106

Correspondence address:

Customer Number: 27127

Inventors Information:

Inventor 1:

Applicant Authority Type: Inventor
Citizenship: US
Name prefix: Mr.
Given Name: Troy
Middle Name: A.
Family Name: Chase

Residence:

City of Residence: Kokomo
State of Residence: IN
Country of Residence: US

Address-1 of Mailing Address:

Address-2 of Mailing Address:

City of Mailing Address: Kokomo
State of Mailing Address: IN
Postal Code of Mailing Address: 46904
Country of Mailing Address: US

Phone: Fax:

Fax: E-mail:

Inventor 2:

Applicant Authority Type: Inventor
Citizenship: US
Name prefix: Mr.

Given Name: James Middle Name: н Family Name: Logsdon Residence: City of Residence: Kokomo State of Residence: INI Country of Residence: US Address-1 of Mailing Address: 3702 Tally Ho Drive Address-2 of Mailing Address: City of Mailing Address: Kokomo State of Mailing Address: INI Postal Code of Mailing Address: 46902 Country of Mailing Address: US Phone: Fax: F-mail: Inventor 3: Applicant Authority Type: Inventor Citizenship: US Name prefix: Mr Given Name: James Middle Name: E. Family Name: Kingery Residence: City of Residence: Logansport State of Residence: IN Country of Residence: US Address-1 of Mailing Address: 5077 W. Co. Boad 225 South Address-2 of Mailing Address: City of Mailing Address: Logansport State of Mailing Address: IN Postal Code of Mailing Address: 46947 Country of Mailing Address: US

Phone:

Fax: E-mail:

Attorney Information:

practitioner(s) at Customer Number:

27127



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

US

Assignee 1:

Organization Name: Delphi Technologies, Inc.

Address-1 of Mailing Address: P. O. Box 9005

Address-2 of Mailing Address: One Corporate Center CT10C

City of Mailing Address: Kokomo

State of Mailing Address: IN

Postal Code of Mailing Address: 46904-9005

Country of Mailing Address:

Phone:

Fax: E-mail: